Effective October 1, 2003									10/501539					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS								RATE		7	RATE	FEE		
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE		OR	BASIC FE			
TOTAL CHARGEABLE CLAIMS			DO minus 20=		· 9		xs	9=		ОR	XS18=			
INDEPENDENT CLAIMS				minus 3 =		10		X43=		OR	X86=	1		
M	MULTIPLE DEPENDENT CLAIM PRESENT							5=	· ·	OR	-290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT	AL	<del> </del>	OR	TOTAL	<del> </del>			
Column 1) (Column 2) (Column 3) SMALL ENTITY OF										_	THAN			
	<del>/                                    </del>	(Column 1)	<u> </u>	(Colum		(Column 3)	SMALL		,	OR 7	SMALL	<del>,</del> .		
<b>AMENDMENT A</b>	0	REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	.29	Minus	-2	9	=	XŚ	<u> </u>		OR	X <del>S18≤</del>	_		
AME	Independent	. /3	Minus	/	3		×48	<u>ا</u>	-	OR	X <del>86</del> =	_		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								υ }=		OR	36) <del>,290</del> €			
7	11-30-0	4					TC ADDIT.	TAL			TOTAL ADDIT FEE			
	11-30	(Column 1)		(Colum	n 2)	(Column 3)	A0011.			•	ADDIT. PEE			
AMENDMENT B	B	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL		RATE	ADDI- TIONAL		
	Total	. 29	Minus	- 2	9	= -	×5 9	<u> </u>	FEE	OR	50 X\$18=	FEE		
ME	Independent	· /3	Minus	··· /、	3		76 0 X43				<i>320</i> <b>¥86≥</b>			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT (	CLAIM		180			OR	360			
								AL		OR	+ <del>290≡</del>			
(Column 1) (Column 2) (Column 3)								EE L		OH A	TOTAL ODIT. FEE			
		CLAIMS .		(Columi HIGHE		(Column 3)		_		r				
ENTC		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		<b>=</b> .	X\$ 9:			OŘ	X\$18=			
5	Independent	•	Minus	***		=	X43=	+			X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-	+		OR				
- (1	thie entry in calum	nn 1 is less than the	entry in colum	no 2 write *0	' in cot:	mn.3	+145:	<u>.                                    </u>		OR	+290=			
11	the 'Highest Nur	nber Previously Pai nber Previously Pa	d For" IN THIS	SPACE is le	ess than	20, enter *20 *	ADDIT. F			OR A	TOTAL DDIT. FEE			
. 1	he *Highest Num	ber Previously Paid	For (Total or	Independent	) is the l	highest number	lound in the	appt	opriate box	in colu	mn 1.			

Application or Docket Number

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